

~~Wm Collins~~

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R. D. Hunt

Wm Collins  
1888

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• *Copy Collins*  
A  
1888

MANUAL  
OF  
INOCULATION  
FOR THE USE OF THE  
FACULTY AND PRIVATE FAMILIES;  
POINTING OUT  
THE MOST APPROVED METHOD OF  
*INOCULATING*  
AND CONDUCTING PATIENTS THROUGH THE  
*Small-Pox:*

EXTRACTED FROM THE WRITINGS OF  
DIMSDALE, SUTTON,  
AND OTHER EMINENT PRACTITIONERS.

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BY GEORGE LIPSCOMB, SURGEON,  
Author of An Essay on Putrid Malignant Fever—A Journey into South Wales  
—A Journey into Cornwall—The Matlock Guide—A Vindication of Small-  
Pox-Inoculation—Observations on the History and Cause of Asthma—  
A Dissertation on the Failure and Mischiefs of the Cow-Pox, &c. &c.

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1806.

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TO

BENJAMIN MOSELEY, M. D.

OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON,  
PHYSICIAN TO CHELSEA HOSPITAL, OF  
THE UNIVERSITY OF LEYDEN, THE AMERICAN  
PHILOSOPHICAL SOCIETY, AT PHILADELPHIA:  
&c. &c. &c.

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SIR,

¶ Take the liberty of dedicating to you this MANUAL OF INOCULATION; confident that if it shall be found to deserve your notice, the patronage of a gentleman so eminently distinguished by abilities most useful and brilliant; by learning most varied and profound; by experience most acknowledged and extensive, will be duly appreciated and regarded by the public.

At the same time I embrace the opportunity of presenting a respectful acknowledgment of the benefits derived by the faculty and society, from your highly valuable and meritorious labours in the field of science, and

I have the honour to subscribe myself,

SIR,

Your obliged and obedient servant,

*Frith Street,  
Feb. 4, 1806.*

G. LIPSCOMB.





## MANUAL OF INOCULATION.

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THE following directions for Small-Pox-Inoculation, and the treatment of patients; selected from the most authentic and respectable sources of information, and recommended by experience, are offered to the public with great respect, but with equal confidence.

It is presumed that they will be found to concentrate *all the most useful* remarks which have hitherto appeared on this important subject; and afford some assistance to individuals and private families, as well as to those professional gentlemen who may have either neglected, or been deprived of the opportunity of becoming experimentally acquainted with those circumstances in the practice of Inoculation, and the management of patients under it, on which the safety and the lives of their fellow-creatures so greatly depend.

### *Subjects favourable for Inoculation.*

Children under two years of age, who have had the thrush and red-gum; of placid cheerful dispositions; subject to slight cuticular eruptions; fat and fleshy; with mottled skin: those

who are nourished by wholesome milk, from temperate healthy nurses; having regular bowels, moderate perspiration, moist and coarse skin; accustomed to partake of the ordinary provisions of common tables; and who have not been confined to a precise regimen, or too rigid restraints with regard to diet and exercise.

Young persons and adults, gross, fleshy, and disposed to perspire; not liable to the exertions of hard labour, or the influence of sudden heat or cold; in a word, persons of all ages, from infancy to the remotest period of life, who are of good stamina.

### *Unfavourable Subjects.*

Children not having had the thrush or red-gum; peevish and irritable in disposition; during the time of dentition; lean; with a dry and parched skin; habitually costive; fed with acid or impure milk, such as that of dram drinkers; narrow chested; ricketty; those who have been too scrupulously confined to a particular species or quantity of food: subject to worms; or having been recently exposed to the infection of the measles or any other disease.

Persons more advanced in life; of very delicate irritable habits; acutely sensible; gouty; rheumatismal; accustomed to be exposed to the heat of blast-furnaces, forges, glass-houses, &c.



sailors, and others who have been long confined to salted and unwholesome provisions, or having been suddenly removed from a cold climate to a more temperate one.

*Subjects more unsafe, and even dangerous.*

Persons whose constitutions have been injured by intemperance, and abound with corrosive humours. Women in advanced pregnancy. No one would think of inoculating persons while suffering acute or dangerous diseases; farther cautions on this head are therefore unnecessary.

The enumeration which has been made is not intended to deter persons from Inoculation: but that a cure of such complaints may be effected previous to the introduction of the Small-Pox.

*Time of Inoculation.*

There is no reason for declining Inoculation at any season of the year, unless in the extremes of summer's heat and winter's cold: the constitution being free from disease, and epidemics not remarkably prevalent.

The disadvantage of not being able securely to inoculate children during the time of dentition is considerably diminished by the facility with which at that period of life, they may be secluded from the influence of contagion.

Experience convinced Mr. DAN. SUTTON that the average number of pustules which followed Inoculation performed in the evening, was as five to one more than occurred to persons inoculated in the morning; and the increase of febrile symptoms, proportionable; this is mentioned as matter of experience, not of reasoning.

*On the Choice of Matter.*

It is preferable that variolous matter for the purpose of Inoculation be selected from persons free from constitutional diseases.

It should be taken invariably in the most early stage of the eruption; while in a pellucid state; either from the inoculated part, or what is preferable in the opinion of the most experienced, from the natural Small-Pox pustule, as soon as any fluid can be obtained from it.

It is of great importance to remember that matter taken from the most benign sort of pustules, after complete maturation, generally produces a later and more untractable disease, than clear active matter selected from a vesicle in its earliest stage.

It is desirable to introduce the matter fresh, immediately from one subject to another; but when this is impracticable, and it is necessary to preserve it for future use, it may be kept between two pieces of glass, from which heat and



air are excluded, by enclosing them in gold-beaters skin.

When dry matter, which has been either so preserved, or kept on the point of a lancet, is to be used, it should be liquified with cold water, but *not with steam or hot water*, as is the general practice.

Attention to the matter is of great consequence, because on that depends the certainty of producing infection; and consequently the reputation of the practice and the Inoculator.

### *Performance of the Operation.*

A lancet, the point of which has been charged with the smallest perceptible quantity of pellucid matter, should be introduced as soon afterwards as possible, obliquely through the cuticle so as to wound the skin, but in such a manner as if possible not to produce blood.

The puncture should be performed deliberately; and it would be proper to make it higher up than the insertion of the deltoid muscle (or, in common language, the midway between the elbow and the shoulder) on account of the exposure to which the arms of females are now liable, in consequence of the influence of fashion in modern dress.

It is unnecessary and improper to pat or wipe the lancet on the incision or puncture: a prac-

tice which may alter the form of it, and confuse the judgment subsequently to be made on its appearance.

MR. SUTTON remarked that in persons who were inoculated a second or third time, the skin exhibited a paler appearance, when elevated by the point of a lancet, than in those who had not previously undergone the Small-Pox.

The introduction of fresh active matter, in the manner here described, instantaneously produces a flushing or slightly suffused appearance round the punctured part, which soon disappears, leaving the skin in about an equal degree paler than in its natural state.

This is not known to happen to persons who have already had the Small-Pox, nor is it equally discernable in those who are susceptible of infection, being in some cases rendered obscure by a certain opacity or coarseness of the skin; by its peculiar colour, or the unusual minuteness of its vessels.

A slight pain also is sometimes felt in some remote part of the body; and a smarting in the puncture, sensibly different from that more obtuse sensation which accompanies the introduction of the point of a perfectly clean lancet into the skin. This has been observed by persons of mature age.

After Inoculation the puncture is not to be



covered with any kind of ointment or plaister; and as experience proves that the Small-Pox is most favourable when the smallest possible quantity of matter be employed in Inoculation; the practice of inoculating in both arms, or in more places, or by more punctures than one, must evidently appear to be improper; and *has been found* always prejudicial.

*Food proper for Inoculated Patients.*

Much of the success of Inoculation must necessarily depend on a strict regard to articles of diet. In this particular, as in every other connected with so delicate and important a practice, the most rigid and exact attention to medical directions, and a constant and uniform submission to the regulations here suggested, will be found absolutely and indispensably requisite.

For breakfast—Tea with dry toast, milk-porridge, skimmed milk, rice-milk, water-gruel, water-pap, honey and bread, or bread made with the addition of sugar and currants.

For dinner—Bread-pudding, boiled rice or millet, rice-pudding, sago or apple-pudding, rice-milk, and vegetables with or without sugar, salt, vinegar or lemon juice.

For supper—Any of the spoon-meats above-

mentioned, roasted apples or potatoes. For children, weak tea, or milk and water, with dry toast, at an early hour.

Stewed prunes, tamarinds, or roasted apples; may be freely or occasionally used.

SUTTON recommends that persons most favourable for Inoculation be restrained to a vegetable diet, of which they should eat only about as much as three-fourths of their accustomed quantity of food, at a meal; and that others less favourable should diminish their allowance to two thirds. Patients thus dieted are not to eat any thing between their regular meals, unless bread or fruits.

The drink should be toast and water; milk and water; barley-water; lemonade; water which when previously boiling was acidulated with cream of tartar, and sweetened to the taste: or barley-water agreeably acidulated with vitriolic acid: unless in case of constitutional objections.

A liberal use of these is highly refreshing, particularly whenever the fever be considerable.

### *Clothing, Air, and Exercise.*

As heat applied to the surface of the body, or generated in consequence of superabundant clothing, is liable to occasion numerous pustules, great precaution on this head is necessary, particularly in the nursery: moderate and



frequent exercise in temperate air invigorates the digestive powers, and promotes that gentle relaxation of the skin, which is most favourable to the progress of a mild disease.

The patient should be kept out of bed; and as much as possible in the open air; particularly during the eruptive fever. In this circumstance, the employment of purgatives, and the use of *mercurial* alteratives, consists the *secret* of the most famous modern Inoculators, to which they have been indebted for their great success in practice; and the neglect of which can alone account for the mortality of the natural Small-Pox in the hands of others.

The effects of cool air are so salutary and refreshing, that it should never be dispensed with, unless the weather be extremely inclement or the patient remarkably delicate: and whatever reluctance may be felt to comply with such injunctions, experience shews that those who have been prevailed on to rise out of their beds and go into the open air, even when unable to walk without assistance, have had their spirits revived, their appetite restored, and their sleep rendered far more comfortable and refreshing than before:—afterwards a gentle relaxation of the skin comes on accompanied by a favourable eruption, and the fever entirely disappears.

The illustrious SYDENHAM who may be con-

sidered the great founder of modern and rational practice in the Small-Pox, well knew the advantages of an open skin at the period of the eruption: and has also expressly recorded the *exhilaration which his patients experienced from the admission of fresh air, and being taken out of bed*,—a remark which however it may have been disregarded, is sufficient of itself to entitle the author of it, to eternal renown.

#### REMARK.

The same good effects being observable under the cooling regimen, whether preparatives were or were not employed, it has been supposed that the mildness of the disease depends on the use of brisk cathartics: it seems however more probable that the mercurial preparation possesses an important influence in the system, and is capable of controlling the variolous fever; for purgatives, exhibited without mercurials, are not found capable of subduing the unfavourable symptoms though they readily yield to these remedies united with mercury. It appears that the introduction of a certain quantity of mercury is necessary, and that it is highly important to excite the fever of the small pox *at that period* when the mercury is most powerfully exerting its influence: hence matter so



inert as to remain seven or eight days before it produces fever, usually occasions a more unfavourable disease; *because the action of the mercury being then over, the system is deprived of that opposing power with which the mercury when present so constantly resists severe symptoms.* This remark explains at once the propriety of employing the mercurial alteratives, and points out the advantage of inoculating with the most active matter, obtained in the earliest stage of the disease. The utility of antimonials is very obvious. They bring on that gentle relaxation of the skin, which ever since the days of SYDENHAM, has been well known to be greatly conducive to the occurrence of the mildest and most favourable eruption.

*DIMSDALE'S Preparative Powder.*

R—Calomel. pp.

Polv. e Chel. Canc. comp. āā. Gr. viij.

Antim. Tart. Gr.  $\frac{1}{8}$ .

vel

Sulph. Antimon. præcip. Gr. ij. M. f. Pulvis.

This dose was calculated “for a healthy strong man:” to be diminished for persons advanced in years, and for women and children in due proportion.

It was the custom of DIMSDALE to prepare his patients for Inoculation by exhibiting three doses of the powder, either formed into pills

or mixed with syrup or jelly, at equal intervals; beginning “ nine or ten days before” the time appointed for the operation.

Another dose of the powder was to be exhibited in the evening of the second day after Inoculation, and repeated once or twice previous to the occurrence of eruptive symptoms. On the morning following, a laxative draught, composed of Infusion of Senna, with Manna, and Tincture of Jalap was directed: particularly when the symptoms indicated a severe disease.

MR. SUTTON laid aside the preparative mode; exhibited one of his alterative powders, every night at bed time, beginning on the day of Inoculation; and one of the cathartic powders every other morning, beginning on the day next following that of the operation.

SUTTON'S *Alterative Powder.*

℞—Calcis Antimonii, 3x.

Calomel. pp. 3viij.

Antim. Tart. 3ij. M. f. Pulvis.

SUTTON'S *Cathartic Powder.*

℞—Pulv. Rad. Jalapii recent. 3j.

—— Rhabarb 3℥. M. f. Pulvis.

I know of nothing better for the purpose intended than the last; and the articles of which it is composed are to be met with in every country village.



*The Syrup.*

℞—Syrup. e Spinâ Cerv. ʒiſs.

Tinct. Cardom. comp. ʒiſs. M.

Mr. SUTTON prefers the use of Glauber's Salts for persons who can be induced to take that preparation, on account of their cooling quality, and the copious secretion which they induce in the glands of the intestines.

These medicines are found to subdue preternatural heat; to cleanse the first passages; to dispose the skin to a state of gentle relaxation; and in conjunction with the cooling antiphlogistic plan of diet, occasion a gradual reduction of corporeal power or vascular action, previous to and during the eruptive fever.

In SUTTON's formula it is evident that the emetic tartar bears too great a proportion to the whole, unless for strong robust persons, and such as are accustomed to a laborious life; for although it be a most desirable point to produce a state of nausea, and its usual accompaniment, a relaxed skin, it is not the object required, to excite vomiting: although vomiting will be excited if the state of the stomach from bile, &c. should require it.

The following preparation is better adapted to more delicate constitutions.

## LIPSCOMB'S POWDER.

Take of Calomel and prepared Crabs'-Eyes, each 4 drams,

Emetic Tartar, 6 grains:

Mix them perfectly, so as to form an impalpable powder.

## A TABLE

*shewing the quantity of the respective powders to be exhibited to persons of different ages.*

| Years of<br>Age.   | Lipscomb's<br>Powder. | Sutton's<br>Powder. | Cathartic<br>Powder. | Glauber's<br>Salts.  |
|--------------------|-----------------------|---------------------|----------------------|--|
| 17 upwards . . . . | Gr. 10 . . . .        | Gr. 12 . . . .      | Gr. 30 . . . .       | 3j.  |
| 16 — 17 . . . .    | 10 . . . .            | 11 . . . .          | 25 . . . .           | 3vij.  |
| 14 — 16 . . . .    | 9 . . . .             | 10 . . . .          | 22 . . . .           | 3vij   |
| 12 — 14 . . . .    | 8 . . . .             | 9 . . . .           | 22 . . . .           | 3vj.   |
| 10 — 12 . . . .    | 8 . . . .             | 8 . . . .           | 20 . . . .           | 3vj.   |
| 8 — 10 . . . .     | 8 . . . .             | 7 . . . .           | 18 . . . .           | 3v.  |
| 6 — 8 . . . .      | 8 . . . .             | 6 . . . .           | 18 . . . .           | 3ß.  |
| 4 — 6 . . . .      | 6 . . . .             | 6 . . . .           | 16 . . . .           | 3ß.  |
| 3 — 4 . . . .      | 6 . . . .             | 5 . . . .           | 14 . . . .           | When the Powder does not produce a sufficient number of evacuations;—two, three, or four tea spoonfuls of the syrup are to be given. |
| 2 — 3 . . . .      | 6 . . . .             | 4 . . . .           | 12 . . . .           |  |
| 1 — 2 . . . .      | 5 . . . .             | 3½ . . . .          | 10 . . . .           |  |
| Months.            |                       |                     |                      |  |
| 8 — 12 . . . .     | 4 . . . .             | 3 . . . .           | 9 . . . .            | the syrup are to be given.   |
| 4 — 8 . . . .      | 3 . . . .             | 2½ . . . .          | 9 . . . .            |  |
| 1 — 4 . . . .      | 2 . . . .             | 2 . . . .           | 8 . . . .            |  |

A pleasant mode of exhibiting the powders is mixed with coffee sweetened with sugar; but they may be given in any thing else.

The operation of each dose of the purgative is expected to extend to four, five, or six lax



motions; according to the state and constitution of the patient; the degree of evacuation being always regulated by the index of the arm, and the prognostic afforded by it, of a favourable or severe disease.

It is particularly desirable that the dose which immediately precedes the eruptive fever, be of due strength: and whenever it happen that a powder be rejected by vomiting, another must be given immediately, or a sufficient dose of some other laxative less disagreeable to the stomach, to produce the requisite evacuations.

The operation of the physic is well promoted by the copious use of water-gruel, or other diluents.

*Progress of the Disease, Indications, and Mode of Treatment.*

The days of Inoculation, of the fever, and of the eruption are calculated from that day inclusive on which the matter was introduced, the fever commenced, and the eruption appeared.

1. On the day of Inoculation no alteration is discoverable.

2 and 3. The puncture being viewed through a lens, a kind of orange-coloured stain appears, and the surrounding skin seems contracted.

4. These appearances more evident.

5 and 6. Some degree of hardness is to be felt. The puncture itches, is slightly inflamed, and a little pellucid fluid is seen under a kind of vesication; the part resembling a superficial burn.

Itching accompanying the irritation is a favourable indication.

But if the colour of the skin near the puncture remain pale, the edges of the wound closed and flat; no itching nor uneasiness be felt; either infection has not taken place (which however seldom happens if fresh pellucid matter have been carefully inserted) or the ensuing disease will be *very severe*.

7, or 8. Pain and stiffness in the axilla, which foretel the near approach of the eruption, and indicate a favourable progress of the disease: for as DIMSDALE observed “an early progress  
“ of the arm, and an early commencement of  
“ the eruptive complaints portend that the dis-  
“ temper will be mild and favourable; and on  
“ the contrary, where both are late, the symp-  
“ toms are usually more irregular and unto-  
“ ward.”

During this period of the disease, if restlessness prevail, a moderate and suitable dose of opium may be advantageously exhibited at bed time.

9, or 10. Slight remitting pains in the head, which are greatly increased by the impetus of the blood in the vessels of the brain when the



patient is confined to an horizontal position: the bed therefore should be avoided; and children, who at this period of the disease, sometimes suffer great distress, manifest almost immediate tranquillity on being taken out of the cradle and carried into the air. Pain in the back, succeeded by transient shiverings and alternate heats: these continue till the eruption be completed, with an unpleasant taste in the mouth, and a foetor of the breath, peculiar to the Small-Pox.

The symptoms here described sometimes occur earlier, and sometimes later, but more usually at this period, which is the most important in the whole disease. “No ignorance” says the experienced SUTTON) “no inattention to what “is passing on the arm must now be suffered: “on the contrary, a just and accurate discrimination between the indications afforded by “it, is absolutely indispensable, in order to ensure “a regular and favourable Small Pox.”

It must be remembered that many of the indications depend on the mode of practice, which has been previously observed; and are subject to variation in consequence of the future treatment pursued: that an unfavourable indication which depends on natural habit may be converted into a favourable one by skilful practice; but that neglect or ignorance may render it the sure harbinger of danger and distress.

When the symptoms of eruption have taken place, as soon as the cathartic medicine has operated, the patient should go abroad into the open air (be it ever so cold) as much as he can bear, always cautiously avoiding to stand still. He should also drink cold water if thirsty, or the acidulated barley-water, before mentioned.

A strict attention to the regimen, and the enjoyment of cool air at the period of the eruption, almost always prevent either dangerous symptoms or numerous pustules.

Persons who have experienced this mode of treatment are in general so sensible of the advantage evidently derived from it, that were it always practicable, it *would be* always highly desirable to commit the superintendence of inoculated patients to them; for they commonly encourage the sick to bear the apparent hardship of quitting their room, and walking about in the open air during the eruptive stage, by recounting the benefit which they themselves have reaped from the practice here recommended.

In young children, if the vesicle about the seventh or eighth day after Inoculation be depressed, and contain but a small portion of fluid, having its edges sharp and irregular, and exhibiting a number of appearances resembling the impression of a pin's point, the colour being



whitish and pale; convulsions will most probably soon ensue, unless seasonably prevented.

For that purpose SURTON recommends a glyster with asafœtida, and a dose of syrup of poppies: the belly should be well rubbed with hot flannel, and the circulation promoted on the surface of the body and limbs by friction. During this violent constitutional agitation, the extremes of heat and cold must be *carefully avoided*.

9 or 10. The inflammation spreads rapidly on the arm, and the punctured part when viewed through a glass, appears to be surrounded by a number of small confluent pustules, which gradually increase in size and extent.

11 or 12, or even later. An efflorescence is seen round the vesicle extending to the size of a shilling, and sometimes much larger. It is smooth and not painful. The general crisis of the arm follows: the contents of the pustule becoming discoloured (after which it is recommended not to take matter for the purpose of inoculating other patients) the inflammation subsiding, the fever going off, and the appetite returning.

During the eruptive stage, the complaints are usually very trivial; the patient eats and sleeps well; a few pustules appear irregularly dispersed: sometimes the inflammation of the arm

spreads considerably, and is surrounded by a few pustules.

The powders are to be discontinued. Cool air seems the only cordial required; medicines being seldom necessary, unless on account of costiveness: but in cases of peculiar languor and delicacy, or to persons in extreme old age, a basin of weak broth, or a glass of wine, may be allowed; or a little white-wine-whey at bed time.

Sickness and vomiting sometimes occur during the eruption, in which case the discharge of the offending matter is to be promoted, either by drinking plentifully of warm water, or by a small dose of tartarised antimony, mixed with absorbent powder; this symptom is also easily removed by the exhibition of a cathartic, which appears to be preferable.

It may be sometimes necessary to exhibit a solution of Epsom-Salts by way of glyster, particularly to infants, who suffer much pain in the head, or flushing of the face, about the time of the appearance of the eruption. The proportion for a child of twelve months old is about  $\text{ʒij}$  with  $\text{ʒij}$  of nitre, in a quarter of a pint of hot water.

In cases of unusual restlessness, or pain, during the maturation of the pustules, a few drops of tincture of opium may be given at bed time, but for children, syrup of poppies is preferable;



the dose of which for a child of two or three years old, is a tea-spoonful. When the pustules are very numerous, the patient should not be exposed to very cold air, particularly to currents of it: on the other hand, he ought not to be kept in a close room, nor on any account near a fire.

Costiveness must be rigidly guarded against; for which purpose either occasional doses of the purging powder may be given, or a glyster of warm water-gruel and Epsom-Salts dissolved in it.

Erysipelatous appearances and a rash sometimes accompany the sickness above mentioned: these to an experienced practitioner are not alarming, as they go off spontaneously, not being accompanied with those dangerous symptoms which constantly attend the approach of the confluent Small-Pox.

The patient should refrain from cold water, and keep in the house: but not in bed. After two or three days the florid colour of the skin changes to a darker or dusky hue, while the eruption is advancing to maturity, without farther trouble, from so formidable an appearance.

The errors which have been propagated by those who have mistaken such symptoms for the approach of the confluent Small Pox, deserve the more serious attention; because a fatal acci-

dent may be the consequence of adopting an improper mode of treatment at this critical period of the disease; and the well-deserved fame of Inoculation may be injured, as well as the reputation of the practitioner.

For the same reason a careful and frequent examination of the nurses and attendants must be seriously inculcated, for prejudice and ignorance under the disguises of cunning and tenderness, are too often employed to deceive the faculty respecting the exhibition of medicines to inoculated patients: and most of the dangerous symptoms which have been known to occur after Inoculation may be very rationally attributed to this fertile source of mischief and disorder. The greatest care is necessary in the choice of nurses, and the most acute discernment required in those whose duty it is to superintend their conduct.

After the abatement of the fever, and the apparent completion of the eruption, fresh pustules sometimes make their appearance for four or five days successively.

These are usually not very numerous, and seldom come to maturity; but some instances happen in which their number is considerable; a circumstance undoubtedly dependent on the peculiar state of the constitution at the time; and probably controlable by the due use of cathartics, and proper attention to the cooling regimen.



These secondary eruptions, which, it must be observed always appear within the time commonly allowed for the progress of the Small-Pox, have unfortunately given rise to many erroneous reports of persons who had been inoculated, having subsequently undergone the natural Small Pox: and have thus created more alarm than danger.

The pain and stiffness in the axillary glands subside, and the matter contained in the vesications, appears yellow and concocted; dries up, and forms a rough cicatrix.

### *Small-Pox Pustule.*

There is a specific difference between the Small-Pox, and every other pustule. From its appearance it arises above the skin, and when mature is elevated to a considerable height, somewhat conically: *the middle of the top or point being marked by a slight dent, depression, or concavity.* As this infallible characteristic occurs in no other description of eruption, no doubt can arise in the mind of any experienced practitioner respecting the nature of the disease, when an opportunity is afforded him of seeing or even feeling the pustule.

The criterion afforded by this peculiarity has been highly advantageous: and even early in the practice of Inoculation, it enabled the fa-

culty to pronounce positively on the case of the Honourable John West (afterwards Lord de la Warre) who was erroneously supposed to have caught the Small Pox a second time, until the gentlemen who attended him publicly and decidedly opposed that assertion, and expressly particularised that the dent or depression on the head of the eruptions *was wanting*. Mr. West was attended during the Small-Pox, and also during the second disease by my grandfather, Mr. Lipscomb, of Winchester, and a narrative of the case is still preserved in the hand writing of my father, Mr. Lipscomb, Surgeon, of Quainton, in Buckinghamshire, of whom let me respectfully record, that in the course of forty years, he never lost a patient under Inoculation; an honourable proof of his merit as a practitioner, and well known in the neighbourhood in which he lived; where his memory is gratefully and affectionately revered.

When the eruption is complete, rest may be requisite; but heat should be avoided.

A change of diet is now proper. A small quantity of light animal food, as chicken, veal, or mutton, may be occasionally permitted; but patients should alter their course of living gradually; and return by regular degrees to their ordinary diet, it being necessary that they should govern their appetite for solid food and



fermented liquors, with the greatest prudence and caution.

When the food is permitted to be changed, the patient may be indulged also with a moderate quantity of his usual beverage.

The disease having been thus passed through, it has been usual to exhibit two or three doses of the cathartic medicine: in consequence of a mistaken idea that some purification of the system was necessary: this practice has more of fashion than philosophy to recommend it.

The cutaneous eruptions and excoriations which sometimes take place soon after patients have recovered from the Small-Pox, may be accounted for more rationally, if we reflect on the sudden increase of appetite which usually follows fevers of every description, and the consequent excessive indulgence in improper quantities of food. It is therefore very proper to exhibit cathartic medicines to convalescents after the Small-Pox, particularly whenever they may have been suspected of irregularities in point of diet: and more benefit will be derived from such attentions than is usually experienced from a compliance with the fashionable practice of giving physic immediately on the termination of the disease.

By the method of treatment thus concisely described, all the mischiefs of that dreadful disease, the natural Small-Pox may be prevented:

a fact fully established on the authority of the united experience of DIMSDALE and ARCHER, who in the course of their long lives and extensive practice, never lost a single patient; and by the immense experience of Mr. DAN. SUTTON and his brothers who are still living to prove that they have inoculated more than *five hundred thousand* persons with uniform success.

It is inconsistent with the scheme of these short remarks to enter more particularly into the consideration of any of the symptoms which relate to the natural Small-Pox, besides those which belong to it in common with the immediate effects of Inoculation: they must be left to the judgment of practitioners at the period of their occurrence:—but it is hoped that this little Manual of plain directions in the Inoculated Small-Pox, as it usually appears, will be found of real utility to Inoculators, and their Patients, to whose consideration it is very respectfully presented.

G. L.



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